

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 21
(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Michael B. Thompson

Mailing Address 201 68th Pl.

City

Kenosha

State

WI

Zip Code

53143-5137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Podiatric Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 2 | 9 | | 2 | 0 | 1 | 5 |

Transaction ID : A67FA65E1ACB54BE3A23

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr. Charles David Trimble

Mailing Address P.O. Box 495/980

City

Greenville

State

OH

Zip Code

45331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western OH Podiatric Medical Center

Occupation

Podiatric Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 2 | 9 | | 2 | 0 | 1 | 5 |

Transaction ID : AA086559BEA614E3B99C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Mitchell R. WaskinMailing Address The Foot & Ankle Center
1465 Johnston Willis Dr.

City

Richmond

State

VA

Zip Code

23235

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Foot & Ankle Center

Occupation

Podiatric Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 2 | 0 | | 2 | 0 | 1 | 5 |

Transaction ID : AFA526011588645C5BD0

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

925.00

TOTAL This Period (last page this line number only)..... ►